| | RATE | CALCULATIONS | | |
|--|-----------|--------------|-----------|-------|
| | NO. FILED | NO. EXTRA | x \$18 = | 0 |
| Total Claims | 15-20 = | 0 | | |
| Independent Claims | 1-3= | 0 | x \$84 = | 0 |
| Multiple Dependent Claims(s), if applicable | | | + \$280 = | 0 |
| Basic Fee | | | , | \$750 |
| | | | TOTAL FEE | \$750 |

| 12. X Amend the specifi | ication by inserting before the first line this | sentence: |
|---------------------------------|---|---------------------------------|
| This is a continuation 06/06/02 | divisional of Application Serial No | 10/164,202 , filed on 6,635,924 |
| 13. Preliminary Amer | ndment | |
| 14. Amendment Fee: | | |
| No additional fee | is required. | |
| ☐ An additional am | endment fee is calculated as follows: | |

| ighest No. Previously Paid For om above) | Present Extra | Rate | Additional Fee |
|---|------------------|--------------------|-------------------|
| | 1 | | |
| | | x \$18 | |
| | | x \$84 | |
| _ | | + \$280 | |
| | FOR THIS A | FOR THIS AMENDMENT | |

15. Please charge the total amount of \$__750__ to Agere Systems Deposit Account No. 50-1735.

Duplicate copies of this letter are enclosed. In the event of non-payment of improper payment of a required fee, the Commissioner is authorized to charge or to credit **Deposit Account No. 50-1735** as required to correct the error.